1594 West North Temple, Suite 2110, Box 146301, Salt Lake City, Utah 84114-6301 FAX 801-538-4745

## **LICENSE STATUS CHANGE FORM**

This online form can be filled out by clicking on the various fields and typing in the requested information. Please fill the form out completely and then print it out. After you have printed the completed form, fax it to the DWR Fax number listed above.

Agent Name:				
Agent Numbe	er:			
Clerk Name (	person requesting chang	je):	(please print)	
Da	te of initial Sale/Void:  License Year:  License Code:	IGINAL LICENSE INFOR		
License Number: Original Attached?:		Yes	No	(Please explain below)
Current Licen Status Change R Reason for st	nse Status: Void Requested: Void	Sold Sold Sold Sold Sold Sold Sold Sold	Other	
Signature:			Da	ate:
Signature	200	Not lies For Office II		
Adjustment Needed?  YES NO	Received By:  Status Changed By:	Not Use – For Office U	Date:	Initial: